

## Multiple Choice Questions

1. In 2015, which ONE of the following imaging modalities is considered to have the highest individual sensitivity and specificity for identifying 'vulnerable' components of carotid artery plaque?
  - A. Two dimensional (2D) ultrasound
  - B. Three dimensional (3D) ultrasound
  - C. Computed Tomography (CT)
  - D. Magnetic Resonance Imaging (MRI)
  - E. Positron Emission Tomography (PET)
  
2. International guidelines (ACC/AHA) recommend moderate intensity statin therapy for non-diabetics aged 40-75 with LDL-c of 70-189 mg/dl (1.8-4.9 mmol/L) to address their risk of hard outcomes such as stroke, myocardial infarction or coronary artery disease death. What is the 10 year risk level of such hard outcomes at which such therapy is recommended?
  - A. 1-3%
  - B. 3-5%
  - C. 5-7.5%
  - D. 7.5-10%
  - E. 10-15%
  
3. Which ONE of the following statements is NOT TRUE with regard to the preparation and use of physician modified stent grafts to treat thoracoabdominal aortic aneurysms?
  - A. Fenestrations may be created with the intention of temporary sac perfusion
  - B. Fenestrations are made over stent struts to avoid weakening the device
  - C. Fenestrations can be created in standard proximal thoracic components
  - D. Creating fenestrations in devices without proximal barbs facilitates their reloading into the delivery system
  - E. Relative positions of physician made fenestrations are determined using 3D centreline reconstructions
  
4. Which ONE of these statements is correct regarding the use of physician modified stent grafts to treat thoracoabdominal aortic aneurysms?
  - A. Their clinical outcomes are better than those obtained using off-the-shelf branched device stent grafts
  - B. Their clinical outcomes are better than those obtained using the sandwich technique
  - C. Their long term clinical outcomes have been shown to be good
  - D. They have a role in the emergency treatment of high risk patients
  - E. Their main advantage is the lower cost compared to bespoke fenestrated or branched device stent grafts



- 5. What is the adjunctive therapy indicated along with arterial repair in cases of aortic aneurysm related to Behcet's disease?**
- A. Chemotherapy
  - B. Immunosuppression
  - C. Prostaglandins
  - D. Hyperbaric oxygen
  - E. Anticoagulation
- 6. Which ONE of the following statements is most accurate regarding the management of respiratory compromise following an emergency thoracic aortic stent graft placement?**
- A. Haemothorax following ruptured thoracic aortic aneurysm repair should not be drained
  - B. Haemothorax following ruptured thoracic aorta should be drained before stent graft placement
  - C. Haemothorax should be drained 72 hours after emergency thoracic aortic stent grafting
  - D. Haemothorax should be drained after thoracic aortic stent grafting to address worsening respiratory index
  - E. Haemothorax after ruptured thoracic aortic stent grafting is preferably drained early and by the open surgical method
- 7. In which group of vascular surgical patients does the postoperative mortality risk show a linear correlation with socioeconomic status?**
- A. Peripheral arterial disease
  - B. Abdominal aortic aneurysm
  - C. Carotid artery stenosis
  - D. Mesenteric vascular disorders
  - E. Venous disorders of the lower limb
- 8. How does the postoperative mortality risk of patients with peripheral arterial disease who are in the lowest socio-economic income quartile compare to those in the highest quartile?**
- A. Mortality is equal in both these quartiles
  - B. Mortality is two times higher in the highest quartile
  - C. Mortality is two times higher in the lowest quartile
  - D. Mortality is three times higher in the highest quartile
  - E. Mortality is three times higher in the lowest quartile
- 9. Gernigon et al have recently reported upon the test-retest reliability of GPS(Global Positioning Satellite)-derived measurements in claudicants. Which ONE of the following criteria manifested the LOWEST test-retest reliability using this method?**
- A. Average walking speed
  - B. Greatest distance between two stops
  - C. Average distance between two stops
  - D. Average duration of stops
  - E. Slope/incline of the walking path

10. Which ONE of the following is TRUE based upon single centre registry findings at Nantes, France regarding the use of paclitaxel eluting stents (PES) for TASC C and D femoropopliteal lesions?
- PES reduce in-stent restenosis in highly calcified lesions
  - PES do not prevent in-stent restenosis
  - PES confer greater benefit in patients with critical limb ischaemia compared to claudicants
  - PES are superior to drug eluting balloons in this population
  - PES produce similar rates of primary and secondary patency over 12 months
11. Which ONE of these parameters was used to measure the secondary outcome of disease specific quality of life in the RELACS (Randomized study comparing Endovenous Laser Ablation with Crossectomy and Stripping of the great saphenous vein) RCT?
- AVVQ
  - HVVSS
  - CIVIQ-2
  - SF-36
  - EQ-5D
12. Which ONE of these factors is shown to significantly increase the prevalence of symptomatic pulmonary embolism in patients with lower limb deep venous thrombosis (DVT) treated by catheter directed thrombolysis?
- Laterality of the DVT on the left side
  - Lack of predisposing cause of DVT
  - Previous silent pulmonary embolism
  - Female gender
  - BMI over 30
13. Which statement is correct when comparing the quality of reporting and methodology of vascular and endovascular randomised controlled trials between 2003 and 2012?
- Reporting quality has improved
  - Methodological quality has improved
  - Reporting and Methodological quality have both improved
  - Reporting quality has improved, Methodological quality has worsened
  - Reporting quality has worsened, Methodological quality has improved
14. Hajibandeh et al have published findings regarding the quality of Reporting and Methodology in Vascular and Endovascular RCTs. Which ONE of the following is NOT one of their recommendations for improving quality?
- Improved compliance of authors with reporting and methodological quality standards
  - Implementation of reporting and methodology quality checklists in Instructions for Authors by Journals
  - Insistence by Journal reviewers of compliance with reporting and methodological standards as a prerequisite for publication
  - Improved compliance with reporting and methodological standards by industry partners who are involved in RCTs
  - Increased sponsorship of RCTs in vascular and endovascular surgery by industry partners

Answers from issue 50/4 (October 2015)

1A 2C 3B 4E 5E 6E 7D 8B 9B 10D 11C 12D 13B 14A 15A 16E 17C